

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAUFORM  
SA-5131ADUE  
DATE ▸

## 1999 SERVICE ANNUAL SURVEY

## Radio and Television Broadcasting

NOTICE — Your report to the Census Bureau is confidential by law (Title 13, U.S. Code). It may be seen only by sworn Census employees and may be used only for statistical purposes. The law also provides that copies retained in your files are immune from legal process.

RETURN COMPLETED FORM TO

U.S. CENSUS BUREAU  
1201 East 10th Street  
Jeffersonville, IN 47132-0001Any questions call  
1-800-772-7851 weekdays,  
8:30 a.m. to 5:00 p.m. EST138  
513112SAS\_I  
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(Please correct any error in name, address, or ZIP Code)

YOUR RESPONSE IS REQUIRED BY LAW. Title 13, U.S. Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the Census Bureau.

## Item 1 SURVEY COVERAGE

This report covers all domestic locations operated by your company and its subsidiaries primarily engaged in operating radio stations. Programming may originate in your own studios, from an affiliated network, or from external sources.

Does the above coverage describe this firm's business activity?

0001 1 ☐ Yes – Continue with Item 32 ☐ No – Specify your business activity and continue with Item 3 ▸

0002

## Item 2 NOT APPLICABLE TO THIS FORM

## Item 3 REPORT PERIOD

Mark (X) the one box which best describes the period covered by your report.

0006 1 ☐ Calendar year – Go to Item 4A

If the data reported are for a period other than the "calendar year," please enter the beginning and ending dates.

2 ☐ Fiscal year3 ☐ Less than 12 months } →

From

To

1999

1998

Month	Day	Year	Month	Day	Year
0007			0057		
0008			0058		

## Item 4A REVENUE

## General Instructions

- Report only for those locations primarily engaged in the activities defined in Item 1. For locations sold or acquired during 1998 and 1999, report only for the period that the locations were operated by this firm.
- If calendar year records are not available, we will accept fiscal year data. Please note, however, that we prefer estimates for the calendar year to book figures covering a different time period.
- Report all charges or billings for services rendered and any sales of merchandise, even though payments may be received at a later date. Do not deduct allowances for uncollectible accounts. Exclude revenue from a domestic parent organization or intracompany transfers. Exclude sales and other taxes collected from customers and paid directly to a taxing authority.
- Trade-outs and barter: Estimate spots exchanged for program material at fair value consistent with purchases of other program material of similar quality and quantity. Estimate spots exchanged for merchandise or services as the amount the station would pay for the merchandise or service received.

## Item 4B REVENUE

Line 1 — Network Compensation — Stations: Report the sale of station time to networks. Networks: Exclude network compensation paid to stations owned by your company.

Lines 2 and 3 — National/regional and local advertising revenue — Include trade-outs, barter, and political advertising revenue. Exclude commissions paid to agency representatives and brokers.

Line 5 — Network Time Sales — (Networks only) Exclude commissions paid to agency representatives and brokers.

Line 6 — Other Operating Revenue — Include all other sources of revenue such as the use of technical facilities, talent services, management fees, retransmission consent, and satellite truck rental revenue. Also, include revenue from the production and/or distribution of programs except when the production/distribution is provided by separate locations of this company. Exclude tower rental revenue.

Note — If the amount reported in line 6 is greater than 50 percent of total operating revenue reported in line 7, indicate the source of this revenue in the "Remarks" section on page 4.

Estimates are acceptable if book figures are not available.	Key code	1999				Key code	1998			
		Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.
STATION TIME SALES										
1. Network compensation	744					794				
2. National/regional advertising revenue (net)	745					795				
3. Local advertising revenue (net)	746					796				
4. TOTAL STATION TIME SALES (net) — Sum of lines 1 through 3.	747					797				
NETWORK TIME SALES (Networks only)										
5. Advertising revenue (net)	748					798				
6. OTHER OPERATING REVENUE	749					799				
7. TOTAL OPERATING REVENUE	002					052				

## Item 4C E-COMMERCE RECEIPTS/REVENUE

(E-commerce receipts/revenue are sales of goods and services over an Internet, intranet, EDI, or other online system. Payment may or may not be made on-line.)

Estimates are acceptable if book figures are not available.

1. Did your firm have e-commerce sales during 1999 and/or 1998?

0011

1 ☐ Yes — Enter the date your firm began e-commerce sales.

2 ☐ No — Continue to Item 4D.

0010

Month (i.e., June=06)

Year (i.e., 1999=99)

2. What were your firm's e-commerce receipts/revenue for 1999 and 1998? (Include e-commerce receipts/revenue in Item 4B. Exclude sales taxes.)

Key code	1999				Key code	1998			
	Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.
005					055				

Item 4D	PAYROLL AND OTHER OPERATING EXPENSES	Estimates are acceptable if book figures are not available.	Key code	1999				Key code	1998			
				Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.
	Report costs incurred during 1999 and 1998, even though payments may have been made at a later date. Exclude sales or other taxes collected from customers and paid directly to a taxing authority.											
	<i>Enter "0" in items where applicable. Do not combine data for two or more detail items.</i>											
	Line 1 — Report on a cash basis, gross earnings paid to employees prior to deductions. If an unincorporated concern, exclude payments to proprietors or partners.											
	Line 2 — Report on a cash basis, in line 2a, employer's cost for legally required programs. Report, on a cash basis, in line 2b, employer's cost for programs not required by law. Report in line 2a and line 2b the amounts actually contributed.											
	Line 3 — Include the cost of broadcast rights to feature films, syndicated programming, sports events, etc.											
	Line 4 — (Networks Only) Report the cost of programming time purchased from affiliated and independent stations. Exclude the cost of programming time purchased from stations owned by your company.											
	Line 5 — Include depreciation on a) assets obtained through capital lease agreements, b) leasehold assets, and c) assets that you lease to others under an operating lease agreement. Exclude depreciation on intangible assets and assets that you lease to others under a capital lease agreement. Do not adjust for the value of depreciable assets sold or traded for replacement purposes.											
	Line 6 — Exclude payments by your firm to the parent company or organization (or any of its subsidiaries) for use of assets owned by them. Exclude installment payments for assets obtained through capital lease agreements.											
	Line 7 — Exclude repair costs included as part of a lease or rental agreement, improvements for which depreciation accounts are maintained, and repairs performed by employees of your company and its subsidiaries.											
	Line 8 — Report the cost of nonrevenue-generating purchased communication and utility services, including telephone, telex, telegraph, etc.											
	Line 9 — Report the cost of purchased advertising, including payments to other firms for printing, media, and other services and materials used for advertising.											
	Line 10 — Include cost of insurance, (less worker's compensation premiums) taxes, licenses, etc.											
	Line 10 and 11 — See the enclosed instruction sheet to calculate Other Operating Expenses and Total Operating Expenses as they pertain to the survey.											
	Note — If the amount reported on line 10 is greater than 50 percent of the total operating expenses reported in line 11, indicate the source of these expenses in the "Remarks" section on page 4 of this form.											
	1. Annual payroll		800					850				
	2. Employer contributions to employee benefit plans											
	a. Plans required under Federal and State legislation (including Social Security and Medicare (FICA), workers compensation insurance, etc.		801					851				
	b. Other fringe benefit plans (including pension plan, medical insurance, life insurance, etc.)		802					852				
	3. Broadcast rights and music license fees		803					853				
	4. Network compensation fees (networks only)		804					854				
	5. Depreciation and amortization charges		805					855				
	6. Lease and rental costs		807					857				
	7. Cost of purchased repairs		809					859				
	8. Cost of purchased communications and utilities		811					861				
	9. Cost of purchased advertising		812					862				
	10. Other operating expenses		813					863				
	11. TOTAL OPERATING EXPENSES →		003					053				

**Item 5 EXPORTED SERVICES**

Estimates are acceptable if book figures are not available.

Note — An exported service is a service performed for a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 states, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Services performed for unaffiliated foreign firms (i.e., foreign parent firms, subsidiaries, branches, etc.) are included. Exclude services provided to domestic subsidiaries of foreign firms.

Did the revenue reported in Item 4A include any amounts received for exported services?

0009

☐ Yes  
☐ No

Key code	1999				Key code	1998			
	Bil.	Mil.	Thou.	Dol.		Bil.	Mil.	Thou.	Dol.
004					054				

**Item 6 NUMBER OF LOCATIONS**

Enter the total number of service locations covered by this report as of December 31, 1999 and 1998. A location is defined as an establishment with paid company personnel.

1999  
Number1998  
Number

0012

0062

**Item 7 OWNERSHIP OR CONTROL**

a. Does another firm own more than 50 percent of the voting stock or have the power to control the management and policies of this company?

0013

1 ☐ Yes  
2 ☐ No

0014 Name of owning or controlling company

Number and street

City, State, and ZIP Code

EIN

0015

-

b. Did this firm acquire or merge with another company during 1999 or 1998?

0016

1 ☐ Yes  
2 ☐ No

0017 Name of company acquired or merged with

Number and street

City, State, and ZIP Code

Date of merger  
or acquisition

0018

Month Year

EIN

0019

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**Item 8 REMARKS** — Please use this space for any explanations that may be helpful in understanding your reported data. For any separate correspondence pertaining to this report, please include the IDENTIFICATION number shown in the address label area or at the top of the page.

0027

Public reporting burden for this collection of information is estimated to average 5.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Associate Director for Finance and Administration; Attn: Paperwork Reduction Project; U.S. Census Bureau; Room 3104, FB 3; Washington, DC 20233-0001. PLEASE INCLUDE FORM NAME AND NUMBER IN ALL CORRESPONDENCE. Respondents are not required to respond to any information collection unless it displays a valid approval number from the Office of Management and Budget. This 8-digit number appears in the top right corner on the front of this form.

**Item 9 CERTIFICATION** — This report is substantially accurate and has been prepared in accordance with instructions.

0020 Name of person completing this report — Please print	0021 Address (Number and street, city, State, ZIP Code)	0022 Telephone		
		Area code	Number	Extension
Signature of authorized person		0023 Fax		
		Area code	Number	Extension
0024 Title	0025 Date	0026 E-mail address		

Please return the completed form in the enclosed envelope.  
If you prefer, you may fax the completed form to 1-800-447-4613.

# SERVICE ANNUAL SURVEY

## BROADCASTING AND TELECOMMUNICATIONS

### GENERAL INSTRUCTIONS

Your report should be completed and returned in the preaddressed envelope provided on or before the due date. If the report does not appear to apply to your kind of business or activity, describe your business or activity in item 1 and complete the remainder of the form as accurately as possible.

If filing within the required time frame will cause an undue burden and you would like an extension, or if you have any questions, please write to the

U.S. Census Bureau  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

or call our Census Bureau representative in Jeffersonville, Indiana at 1-800-772-7851, weekdays from 8:30 a.m. to 5:00 p.m., eastern time.

Always include your identification number, located in the address label, in any correspondence.

IF BOOK FIGURES ARE NOT AVAILABLE,  
ESTIMATES ARE ACCEPTABLE.

Please read all instructions before making your entries.

Report data for the calendar year(s) specified. If calendar year records are not available, we will accept fiscal year data. Please note, however, that we prefer estimates for the calendar year to book figures covering a different time period. Report all values in dollars (omit cents). Enter "0" in items where appropriate. Please do not combine data for two or more revenue lines.

For location(s) sold or acquired during the year(s) specified, report only for the period that the location(s) were operated by this firm.

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### SPECIFIC INSTRUCTIONS

#### Other Operating Expenses

Other operating expenses include billing services, travel expenses, accounting and legal fees, dues and subscriptions, office supplies, data processing expenses, etc. Include the cost of computer software purchased under licensing agreements. Exclude income taxes, and local sales and excise taxes.

- Total operating expenses – Will not match to the company's income statement due to the cash and accrual methods requested for this survey. As a guide, compute total operating expenses as follows:

Total operating expenses (from income statement)

+Taxes – *If not included in operating expenses*

+ [Annual payroll (cash basis) + Employer contributions  
(cash basis)]

- [Annual payroll (accrual basis) + Employer contributions  
(accrual basis)]

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=TOTAL OPERATING EXPENSES

- Other operating expenses – If other operating expenses are unavailable, calculate them as follows –

TOTAL OPERATING EXPENSES FOR SURVEY

-(Lines 1 through 9 under the payroll and other operating expenses item on survey report form)

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=OTHER OPERATING EXPENSES

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